# CAMBUTO COLOR

#### WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631 TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

# APPLICATION PACKET FOR CHARITABLE / NONPROFIT ORGANIZATIONS FUND-RAISING EVENT (Standard or Limited)

#### THIS PACKET CONTAINS:

- Instructions (general and specific);
- The basic application form (GC4-090);
- A pamphlet entitled Gambling License Certification Program;
- · Definitions of:
  - Bona Fide Charitable / Nonprofit Organizations (RCW 9.46.0209);
  - Fund-Raising Event (RCW 9.46.0233); and
  - Bona Fide Member (RCW 9.46.0261).
- Licensing and gambling activity Washington Administrative Codes (WACs);
- Letter for mandatory prelicensing training (GC5-158); and
- Fee Schedule Bona Fide Charitable / Nonprofit Organization (GC5-055 FS).

#### **GENERAL INFORMATION:**

- You may not conduct a fund-raising event unless licensed to do so.
- If you decide to voluntarily withdraw your application or the commission staff seeks a denial based on non-qualifications, your fees will be refunded minus the amount necessary to process your file. See WAC 230-04-220. Refunds will not be given after issuance of your license, except as provided in WAC 230-04-260.

#### **SIMPLIFIED APPLICATION INSTRUCTIONS:**

#### (A) Basic Instructions:

- 1. Ensure your packet contains all the items listed above.
- 2. Read the Gambling License Certification Program pamphlet very carefully.
- 3. Turn to RCW 9.46.0209, 9.46.0233, and 9.46.0261. Read these RCWs. They define a bona fide charitable or nonprofit organization, a bona fide member, and a fund-raising event. Assure that your organization meets all the qualifications set forth. If uncertain, contact the licensing services section at the phone number shown at the top of this page.
- 4. It is very important that you read and understand all instructions. If some areas are unclear, call the licensing services section for help. Actual processing of your application begins only after your completed application is received, with fee, including all required and requested documents.
- 5. Assure that the application is complete. Recheck all entries, enclose all needed documents, include any special requirements, and sign the application.
- 6. Enclose check or money order made payable to the Washington State Gambling Commission.
- (B) Specific Instructions: (line by line) (Answer all questions. Use N/A to indicate not applicable.)

**Type of event:**  $Mark \boxtimes$  the appropriate class of license you are applying for and whether you will be conducting a standard (Class A or B) or limited FRE (Class D). (**NOTE:** See attached worksheet to determine whether you will be conducting a standard or limited FRE.) Please note the time periods involved in each license class. Once licensed, you must operate within the allotted period of your license type.  $Mark \boxtimes$  appropriate box stating if you are a  $First\ Time\ or\ Previously\ Licensed\ Applicant$ .

#### 1. General Information:

- A. Enter your organization's name and phone number in the space provided. Include any chapter or district number. Example: The Charity Club, Chapter 127.
- B. Provide your organization's complete mailing address. Include Street, P.O. Box, City, State, Zip and County.
- C. Enter your organization's business telephone number and gambling premises telephone number in the space provided. Include your area code.

GC4-090 Instructions (8/02) Page 1 of 5

#### (B) 1. General Information: (Continued)

- D. Enter your organization's e-mail address, if applicable.
- E. In the space provided, enter your Unified Business Identifier (UBI) number as assigned by the Washington State Department of Revenue (this is a nine (9) digit number; e.g., 600 111 000).
- F. Has your organization been previously licensed with the gambling commission? <u>Mark ⊠ yes or no</u>. If yes, when were you previously licensed and under what name?

#### 2. Event Information:

- A. Fill in the exact "from" and "to" dates, and the exact times you wish to conduct your proposed gambling event. Use "noon" or "midnight" instead of 12. Be sure the dates and times are correct. Later changes or corrections must follow attached WAC 230-04-325 and will include a service fee (see fee schedule).
- B. Identify where you wish to conduct your proposed gambling event. Include the premises name, street address, and the name of the premises owner. Review attached WAC 230-25-100 and WAC 230-25-120 for limitations and requirements if renting or leasing the site.

**NOTE:** If you are conducting a limited FRE, you may not conduct the event at a location owned by the equipment provider.

Mark ⊠ whether your proposed gambling event will be inside or outside the city limits. Be very careful, **some** cities and counties prohibit certain types of gambling activities. Call the licensing services section if you are uncertain. Enter the cost of the premises rental.

- C. Identify the owner of the gambling equipment you will be using. Include both their name and address. Review attached WAC 230-25-110 and WAC 230-25-120 for limitations and requirements if renting or leasing gambling equipment. Enter the cost of the equipment.
- D. Identify the manager of your proposed gambling event. Provide all the information requested.

#### 3. Organization Members:

A. through C. – In the spaces provided, complete the information requested on each individual listed. **Please** provide all the information requested or it may delay processing of your application.

#### 4. Qualification / Certification Information:

This section is very important in determining your qualifications to conduct the event as a bona fide charitable or nonprofit organization under the provisions of chapter 9.46 of the Revised Code of Washington and chapter 230 of the Washington Administrative Code. Each organization is required to undergo initial certification and / or annual recertification to ensure compliance with the law.

Items A. through D. are based primarily on your previous fiscal year's activities and accomplishments. <u>Be very specific</u> on your accomplishments and the type(s) of services you may provide to the public and your membership.

#### 5. Required Attachments:

Attach all required supporting documents including contracts with the premises and equipment provider.

6. **FOR LIMITED FRE's ONLY:** You must provide details regarding operation of your event to indicate that it is being conducted for the purpose of raising funds. Fill out the worksheet as indicated to determine an estimate of net receipts you expect to receive after expenses have been determined. You must also identify how you will determine the method to award merchandise prizes (i.e., auction, raffle, combination)

#### 7. Distribution of Net Receipts in Excess of \$10,000:

The maximum annual net receipts that may be retained by a nonprofit organization conducting an FRE is \$10,000. (**NOTE**: Net receipts are calculated by subtracting money used to purchase or award prizes from all wagers and bets received. Limited FRE's can also deduct the cost of equipment rental when calculating the \$10,000 annual net receipts maximum).

You will be required to disclose the net receipts from any previous FRE conducted during the same calendar year. You must also disclose an eligible organization designated by your organization to receive any profits in excess of \$10,000. The worksheet will assist you in determining whether the organization you have chosen will meet the definition of a charitable or nonprofit eligible to receive gambling proceeds. No one organization may receive more than \$10,000.

### 8. Oath of the elected chief officer only:

Read the oath <u>carefully</u> prior to signing this application. Please note that <u>you are committing your organization to a</u> <u>highly regulated activity</u> and you must comply and fulfill the obligations contained in this oath.

GC4-090 Instructions (8/02) Page 2 of 5

#### (C) Event Requirements / Information:

- 1. You must read, comply and post the commission rules (attached to this application packet) with your event license at the place and time of your event.
- 2. If you are conducting a standard FRE, you must ensure you are properly staffed. Based on a survey of licensed fund-raising events (casino / reno nites), an organization should plan to utilize a minimum of 30-40 or more bona fide members to effectively operate a 10 station activity. It is essential to remember that careful planning may make the difference between success or failure. Remember, only bona fide members that are 18 years old and above may participate in the operation or management of a standard fund-raising event.
- 3. If you are conducting a limited FRE, you must ensure that you have at least 3 members who will be responsible for any collection of cash related to the gambling activity, distribution of script, conducting the scheme to determine the winners of merchandise prizes, and maintenance of records.
- 4. In accordance with WAC 230-25-020, copy enclosed, you must notify your local law enforcement agency in writing at least ten (10) days prior to the fund-raising event and the gambling equipment must be available and set-up at least two (2) hours prior to the event for possible inspection. Any changes in time, date, or location must be approved by the commission and notice given to your local law enforcement agency.
- 5. <u>If you do not own</u> all gambling equipment needed, you may either:
  - A. Purchase, lease, or borrow equipment from a licensed distributor or a licensed bona fide charitable or nonprofit organization which has held a fund-raising event within the past twelve (12) months, or
  - B. Construct your own equipment.
  - **Note 1:** Any charitable or nonprofit organization that rents or leases fund-raising event equipment to other organizations more than five (5) times per year must first obtain a fund-raising event equipment distributor's license. An application may be obtained from any local office of the Gambling Commission or the licensing services section.
  - Note 2: Rental of premises and equipment must not exceed amounts set out in WAC 230-25-120.
- The organization's event manager must attend the mandatory training offered by the Gambling Commission. See attached WAC 230-04-020 and letter (GC5-158) regarding this requirement.

#### (D) <u>Final Reminders</u>:

- 1. Before mailing your application, recheck your entries. Have you missed anything?
- Enclose the correct fee and mail or deliver to the address shown on Page 1.

For assistance, contact the licensing section at (360) 486-3440 or toll-free number at 1-800-345-2529.

RCW 9.46.0209 "BONA FIDE CHARITABLE OR NONPROFIT ORGANIZATION" "Bona fide charitable or nonprofit organization," as used in this chapter, means: (1) Any organization duly existing under the provisions of chapter 24.12, 24.20, or 24.28 RCW, any agricultural fair authorized under the provisions of chapters 15.76 or 36.37 RCW, or any nonprofit corporation duly existing under the provisions of **RCW** for charitable, chapter 24.03 benevolent. eleemosynary, educational, civic, patriotic, political, social, fraternal, athletic or agricultural purposes only, or any nonprofit organization, whether incorporated or otherwise, when found by the commission to be organized and operating for one or more of the aforesaid purposes only, all of which in the opinion of the commission have been organized and are operated primarily for purposes other than the operation of gambling activities authorized under this chapter; or (2) any corporation which has been incorporated under Title 36 U.S.C. and whose principal purposes are to furnish volunteer aid to members of the armed forces of the United States and also to carry on a system of national and international relief and to apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other national calamities and to devise and carry on measures for preventing the same. Such an organization must have been organized and continuously operating for at least twelve calendar months immediately preceding making application for any license to operate a gambling activity, or the operation of any gambling

activity authorized by this chapter for which no license is required. It must have not less than fifteen bona fide active members each with the right to an equal vote in the election of the officers, or board members, if any, who determine the policies of the organization in order to receive a gambling license. An organization must demonstrate to the commission that it has made significant progress toward the accomplishment of the purposes of the organization during the twelve consecutive month period preceding the date of application for a license or license renewal. The fact that contributions to an organization do not qualify for charitable contribution deduction purposes or that the organization is not otherwise exempt from payment of federal income taxes pursuant to the internal revenue code of 1954, as amended, shall constitute prima facie evidence that the organization is not a bona fide charitable or nonprofit organization for the purposes of this section.

Any person, association or organization which pays its employees, including members, compensation other than is reasonable therefor under the local prevailing wage scale shall be deemed paying compensation based in part or whole upon receipts relating to gambling activities authorized under this chapter and shall not be a bona fide charitable or nonprofit organization for the purposes of this chapter.

For the purposes of RCW 9.46.0315 and 9.46.110, a bona fide nonprofit organization also includes a credit union organized and operating under state or federal law. All

GC4-090 Instructions (8/02) Page 3 of 5

revenue less prizes and expenses received from raffles conducted by credit unions must be devoted to purposes authorized under this section for charitable and nonprofit organizations. (Effective June 8, 2000.)

RCW 9.46.0233 "FUND RAISING EVENT" (1) "Fund raising event," as used in this chapter, means a fund raising event conducted during any seventy-two consecutive hours but exceeding twenty-four consecutive hours and not more than once in any calendar year or a fund raising event conducted not more than twice each calendar year for not more than twenty-four consecutive hours each time by a bona fide charitable or nonprofit organization as defined in RCW 9.46.0209 other than any agricultural fair referred to thereunder, upon authorization therefor by the commission, which the legislature hereby authorizes to issue a license therefor, with or without fee, permitting the following activities, or any of them, during such event: Bingo, amusement games, contests of chance, lotteries, and raffles. However: (a) Gross wagers and bets or revenue generated from participants under subsection (2) of this section received by the organization less the amount of money paid by the organization as winnings, or as payment for services or equipment rental under subsection (2) of this section, and for the purchase cost of prizes given as winnings do not exceed ten thousand dollars during the total calendar days of such fund raising event in the calendar year; (b) such activities shall not include any mechanical gambling or lottery device activated by the insertion of a coin or by the insertion of any object purchased by any person taking a chance by gambling in respect to the device; (c) only bona fide members of the organization who are not paid for such service or persons licensed or approved by the commission under subsection (2) of this section shall participate in the management or operation of the activities, and all income therefrom, after deducting the cost of prizes and other expenses, shall be devoted solely to the lawful purposes of the organization; and (d) such organization shall notify the appropriate local law enforcement agency of the time and place where such activities shall be conducted. The commission shall require an annual information report setting forth in detail the expenses incurred and the revenue received relative to the activities permitted.

- (2) Bona fide charitable or nonprofit organizations may hire a person or vendor, who is licensed or approved by the commission, to organize and conduct a fund raising event on behalf of the sponsoring organization subject to the following restrictions:
- (a) The person or vendor may not provide the facility for the event;
- (b) The person or vendor may use paid personnel and may be compensated by a fixed fee determined prior to the event, but may not share in the proceeds of the event;
- (c) All wagers must be made with scrip or chips having no cash value. At the end of the event, participants may be given the opportunity to purchase or otherwise redeem their scrip or chips for merchandise prizes;
- (d) The value of all purchased prizes must not exceed ten percent of the gross revenue from the event; and
- (e) Only members and guests of the sponsoring organization may participate in the event.
- (3) Bona fide charitable or nonprofit organizations holding a license to conduct a fund raising event may join together to jointly conduct a fund raising event if:
- (a) Approval to do so is received from the commission;and

(b) The method of dividing the income and expenditures and the method of recording and handling of funds are disclosed to the commission in the application for approval of the joint fund raising event and are approved by the commission.

The gross wagers and bets or revenue generated from participants under subsection (2) of this section received by the organizations less the amount of money paid by the organizations as winnings, or as payment for services or equipment rental under subsection (2) of this section, and for the purchase costs of prizes given as winnings may not exceed ten thousand dollars during the total calendar days of such event. The net receipts each organization receives shall count against the organization's annual limit stated in this subsection.

A joint fund raising event shall count against only the lead organization or organizations receiving fifty percent or more of the net receipts for the purposes of the number of such events an organization may conduct each year.

The commission may issue a joint license for a joint fund raising event and charge a license fee for such license according to a schedule of fees adopted by the commission which reflects the added cost to the commission of licensing more than one licensee for the event. (Effective June 8, 2000.)

## RCW 9.46.0261 "MEMBER," "BONA FIDE MEMBER."

"Member" and "bona fide member," as used in this chapter, mean a person accepted for membership in an organization eligible to be licensed by the commission under this chapter upon application, with such action being recorded in the official minutes of a regular meeting or who has held full and regular membership status in the organization for a period of not less than twelve consecutive months prior to participating in the management or operation of any gambling activity. Such membership must in no way be dependent upon, or in any way related to, the payment of consideration to participate in any gambling activity.

Member or bona fide member shall include only members of an organization's specific chapter or unit licensed by the commission or otherwise actively conducting the gambling activity: PROVIDED, That:

- (1) Members of chapters or local units of a state, regional or national organization may be considered members of the parent organization for the purpose of a gambling activity conducted by the parent organization, if the rules of the parent organization so permit;
- (2) Members of a bona fide auxiliary to a principal organization may be considered members of the principal organization for the purpose of a gambling activity conducted by the principal organization. Members of the principal organization may also be considered members of its auxiliary for the purpose of a gambling activity conducted by the auxiliary; and
- (3) Members of any chapter or local unit within the jurisdiction of the next higher level of the parent organization, and members of a bona fide auxiliary to that chapter or unit, may assist any other chapter or local unit of that same organization licensed by the commission in the conduct of gambling activities.

No person shall be a member of any organization if that person's primary purpose for membership is to become, or continue to be, a participant in, or an operator or manager of, any gambling activity or activities.

GC4-090 Instructions (8/02) Page 4 of 5

| Fund-Raising Event (F.R.E.)  | Limited F.R.E.   | Recreational Gaming Event (R.G.A.)   |  |  |
|--|--|--|--|--|
| Purpose is to raise money for charitable/nonprofit organization's  | Purpose is to raise money for charitable / nonprofit organization's purposes   | Purpose is purely entertainment, not fund-<br>raising (i.e. fun raising)   |  |  |
| purposes   |  | Purely nongambling.  |  |  |
| Conducted by charitable / nonprofit organization   | Conducted by charitable / nonprofit organizations  | Conducted by any organization that has been in existence for at least six months   |  |  |
| Participants may purchase their chips for cash.  | Participants may be required to pay a fee to participate, which may include being given chips, and they may purchase additional chips  | There is no value to the chips, and additional chips may not be purchased. Only cost to participant is to defray costs of meal, entertainment, and rental of premises / equipment.   |  |  |
| Participants may redeem their chips for cash and / or merchandise.   | Participants may use their chips to redeem for ONLY merchandise prizes by participating in an auction, raffle or other similar activity.   | There is no value to the chips, and therefore no value to redeemed chips, except that there may be an auction from donated prizes.   |  |  |
| The event may be open to the public.   | Only members or guests of sponsoring org. may participate  | Only members or guests of the sponsoring organization may participate.   |  |  |
| No staff from the distributor may operate a gaming station. ONLY members may operate gaming stations.  | FRE equipment distributor staff operate gaming stations. Only members of the nonprofit may be involved in money handling.  | Anyone can operate the NONgambling stations. If the FRE equipment distributor provides the staff, the organization doesn't need a permit.  |  |  |
| Equipment must be leased from<br>an FRE equipment distributor.<br>Licensee responsible to make<br>good faith effort to ensure<br>profitability of event when signing<br>contracts for equipment rental | Equipment must be leased from an FRE equipment distributor. Licensee responsible to make good faith effort to ensure profitability of event when signing contracts for equipment rental. | Equipment can be leased from an FRE equipment distributor. No limitations on cost of equipment or premises rental. NOTE: If homemade equipment is used, no RGA license is necessary. |  |  |
| The organization may use its own facility or rent one.   | The organization may use its own facility or rent one. The FRE equip. distributor may NOT provide the facility.  | The organization may use its own facility or rent one.   |  |  |
| The members operating the gaming stations may not be paid for their services. No tipping.  | Staff from the FRE equipment distributor may be paid by the distributor, but not tipped by the participants. Members of the nonprofit may not be paid or tipped.                         | No limitations on payment for those operating the gambling stations.   |  |  |
| Any proceeds in excess of \$10,000 must be given to a nonprofit eligible to receive funds from gambling activity.  | Any proceeds in excess of \$10,000 will be given to a nonprofit eligible to receive funds from gambling activity.  | No funds generated therefore no excess proceeds.   |  |  |
| There is no limit on the value of redeemed chips. (Possibility the organization may lose money, although good planning should prevent this from happening.)  | The value of any purchased prizes used for redemption of chips must not exceed 10% of the gross revenue less cost of equipment rental for the event.                                     | There is no value to the chips and all prizes offered are donated.   |  |  |
| The organization may not deduct<br>the cost of rental equipment from<br>the yearly maximum \$10,000 limit  | The organization MAY deduct the cost of rental equipment and services and purchased prizes from the yearly \$10,000 maximum.   | No limitations   |  |  |
| FRE equipment distributor must be paid a fixed fee, not a percentage of the receipts.  | FRE equipment distributor must be paid a fixed fee, not a percentage of the receipts.  | No receipts earned, so no percentage issues presented.   |  |  |

GC4-090 Instructions (8/02) Page 5 of 5



## **WASHINGTON STATE GAMBLING COMMISSION**

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# FUND-RAISING EVENT APPLICATION (Standard or Limited) BONA FIDE CHARITABLE / NONPROFIT

|    | SUBMIT APPLI   | CATION 60 D   | AYS PRIOR         | TO THE E        | VENT                       |                         |  |
|----|--|---|-------------------|-----------------|----------------------------|-------------------------|--|
|    | PE OF EVENT: Mark ⊠ appropriate box  Class A – One event, not to consecutive hours.  Class B – One event, more than 24 hours, not to exceed 72 consecutive hours.  Class D – Limited Fund-Raising Event not more than six consecutive hours. | exceed 24 consecutive utive hours. t, one event – ours. | Fee: \$See a      | ttached fee scl | icant<br>nsed Applican     |                         |  |
|    | ENERAL INFORMATION: (To be com   |   | ,                 |                 |                            |                         |  |
| A. | Applicant:   | ragnization Namo / C                                    | hantor (Load Orga | unization)      |                            | ·····                   |  |
|    | Mailing Address:   |   |                   |                 |                            |                         |  |
|    | City   | State   | Zip               |                 | County                     | INTERNAL                |  |
| C. | . ()(<br>Organization Telephone  | )   |                   | (               | _)                         |                         |  |
|    |  |   |                   |                 |                            | Number                  |  |
| D. | . E-mail Address (if applicable):  |   |                   |                 |                            | ONLY                    |  |
| E. | Unified Business Identifier (UBI) num  | ber assigned by   | the Departmer     | nt of Revenue   | :                          | ≺                       |  |
| F. | Has the organization ever held a Gar   | •   |                   |                 |                            |                         |  |
|    |  | under what name   | e?                |                 |                            | <u> </u>                |  |
|    | VENT INFORMATION:  | times must be a   | waat              |                 |                            |                         |  |
| A. | Date of Event: <b>NOTE</b> : <b>Dates and</b>  |   |                   |                 |                            |                         |  |
|    | From: ar   | n pm<br>r Midnight, So State)                           | 10:               | Date Ti         | am _<br>me (If Noon or Mic | pm<br>Inight, So State) |  |
| В. | Name of Premises to be used for Eve  |   |                   |                 |                            | ll l                    |  |
|    | Premises Owner:  |   |                   |                 |                            |                         |  |
|    | Premises Street Address:   |   |                   |                 |                            |                         |  |
|    |  |   |                   |                 |                            |                         |  |
|    | City   | 5   | State             | Zip             |                            | County                  |  |
|    | City Limits:   | side  | \$                | Cost of p       | remises rental             | per contract.           |  |
| C. | . Owner of Equipment *:  |   | Organization /    | Distributor     |                            |                         |  |
|    |  |   |                   |                 |                            |                         |  |
|    | Address  |   | City              |                 |                            |                         |  |
|    | Addicas  |   | City              | 5               | tate Zip                   | County                  |  |

GC4-090 (Rev. 8/02) Page 1 of 5

| D.   | EVENT INFORMATION: (Continued)  D. Proposed Event Manager:  Last First Middle |                         |             |               |                 |                 |  |
|------|---|-------------------------|-------------|---------------|-----------------|-----------------|--|
|      | Homo Addroso:   |                         |             | Firs          | t               | Middle          |  |
|      | Home Address:   |                         |             |               |                 |                 |  |
|      | City  |                         | State       | Zip           |                 | County          |  |
|      | E-mail Address (if applicable):   |                         |             |               |                 |                 |  |
|      | Date of Birth:  |                         | Social Secu | urity Number: |                 |                 |  |
|      | ()  | (                       |             | <br>elephone  | _ (             |                 |  |
| OI   | RGANIZATION / MEMBERS: (Cor   | nplete as requ          |             | <u>'</u>      |                 |                 |  |
|      | ·   |                         | ·           |               |                 |                 |  |
| Λ.   | President:(or equivalent)   | Last                    |             | First         |                 | Middle          |  |
|      | Home Address:   |                         |             |               |                 |                 |  |
|      |   |                         |             |               |                 |                 |  |
|      | City  |                         | State       | Zip           |                 | County          |  |
|      | E-mail Address (if applicable):   |                         |             |               |                 |                 |  |
|      | Date of Birth:  |                         |             |               |                 |                 |  |
|      |   |                         |             |               |                 |                 |  |
|      | ()  | (                       | () (        |               | )<br>Cell Phone |                 |  |
| В.   | ·   |                         |             |               |                 |                 |  |
| ъ.   | (or equivalent)   | Last                    |             | First         |                 | Middle          |  |
|      | Home Address:   |                         |             |               |                 |                 |  |
|      |   |                         |             |               |                 |                 |  |
| City |   |                         | State       | Zip           |                 | County          |  |
|      | E-mail Address (if applicable):   |                         |             |               |                 |                 |  |
|      | Date of Birth:  |                         |             |               |                 |                 |  |
|      |   |                         |             |               |                 |                 |  |
|      | ()<br>Home Telephone  | (                       |             | <br>elephone  | _ (             | Cell Phone      |  |
| C.   | Chairman of the Board:  |                         |             |               |                 |                 |  |
|      | (or equivalent)   | Last                    |             | First         |                 | Middle          |  |
|      | Home Address:   |                         |             |               |                 |                 |  |
|      |   |                         |             |               |                 |                 |  |
|      | City  |                         | State       | Zip           |                 | County          |  |
|      | E-mail Address (if applicable):   |                         |             |               |                 |                 |  |
|      | Date of Birth:  | Social Security Number: |             |               |                 |                 |  |
|      |   |                         |             |               |                 |                 |  |
|      | (   | (                       | /           | elephone      | _ (             | )<br>Cell Phone |  |

GC4-090 (Rev. 8/02) Page 2 of 5

| 4. | QU  | IALIFICATION / CERTIFICATION INFORMATION:  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|
|    | A.  | Historical Information:  |  |  |  |  |  |  |
|    |   | (1) When was your organization formed or incorporated?   / /   Month   Day   Year  |  |  |  |  |  |  |
|    |   | (2) When does your accounting fiscal year end?   /   Month Day   |  |  |  |  |  |  |
|    |   | (3) Mark ⊠ all the purposes for which your organization is formed and operated. Circle the primary purpose:  |  |  |  |  |  |  |
|    |   | ☐ Agricultural ☐ Charitable ☐ Educational ☐ Patriotic ☐ Religious ☐ Others   |  |  |  |  |  |  |
|    |   | Athletic Civic Fraternal Political Social  |  |  |  |  |  |  |
|    |   | (4) Is your organization exempt from the payment of federal income taxes?  |  |  |  |  |  |  |
|    |   | If Yes, what is your Internal Revenue Service (IRS) exemption code section? $501(c)(\underline{})$ [Examples: $501(c)(\underline{3})$ / $501(c)(\underline{4})$ ]. Call us if you are confused about your particular IRS code. |  |  |  |  |  |  |
|    |   | (5) Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?  |  |  |  |  |  |  |
|    |   | ☐ No ☐ Yes <i>If Yes</i> , what is the name of organization?   |  |  |  |  |  |  |
|    |   | Relationship?  |  |  |  |  |  |  |
|    |   | (6) Are gambling funds being used (or plan to be used) to benefit the affiliated organization?   |  |  |  |  |  |  |
|    |   | ☐ No ☐ Yes   |  |  |  |  |  |  |
|    |   | Relationship?  |  |  |  |  |  |  |
|    | В.  | Membership Information: (All Applicants)   |  |  |  |  |  |  |
|    | <ul> <li>(1) How many regular membership meetings has your organization held during your last fiscal y</li> <li>(2) How many active members are in your organization as of the date of this application?</li> </ul> |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    |   | (3) Are all members allowed to vote in elections for officers and board members?   |  |  |  |  |  |  |
|    |   | ☐ Yes ☐ No If No, how many voting members?   |  |  |  |  |  |  |
|    | C.  | Briefly describe how, over the past fiscal year, your organization has met the purpose(s) checked and circled in   |  |  |  |  |  |  |
|    |   | #4.A.(3). (Attach additional sheets of paper if needed.)   |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    | D.  | Briefly describe the type(s) of charitable or nonprofit services provided by your organization to the public and / or your members. (Attach additional sheets if needed.)  |  |  |  |  |  |  |
|    |   | To the public:   |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |
|    |   | To your members:   |  |  |  |  |  |  |
|    |   | To your members:   |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |

GC4-090 (Rev. 8/02) Page 3 of 5

| Э. |             | QUIRED ATTACHMENTS:  |  |  |  |  |  |  |  |
|----|-------------|--|--|--|--|--|--|--|--|
|    | A.          | A. <u>New Applicants Only</u> : This information is used to determine the qualifications of your organization, premises, and members or employees involved in the management or operation of your proposed gambling activity. Please check each listed area for which material is being submitted. <u>Applicants previously licensed</u> by the commission need not submit these items unless specifically requested to do so. |  |  |  |  |  |  |  |
|    |             | (1) IRS exempt status letter – enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes. If you do not have a letter declaring exemption for your particular branch or chapter, you must obtain a letter from the IRS <u>prior</u> to submitting this application.   |  |  |  |  |  |  |  |
|    |             | (2) A copy of your current bylaws and articles of incorporation – to include a dissolution statement.  |  |  |  |  |  |  |  |
|    |             | (3) One set of minutes from any meeting of your organization from as far back as you can find.   |  |  |  |  |  |  |  |
|    |             | (4) Copies of the minutes from your two most recent meetings.  |  |  |  |  |  |  |  |
|    | В.          | <u>All Applicants</u> : Submit the following documents / information and check each listed area for which material has been submitted.   |  |  |  |  |  |  |  |
|    |             | (1) Written lease or rental agreement for use of the premises. (If you own the premises, so note.)   |  |  |  |  |  |  |  |
|    |             | (2) Written lease or rental agreement for use of equipment. (If you own the equipment, so note.)   |  |  |  |  |  |  |  |
|    |             | (3) Other. All other attachments required either due to lack of space or by option.  |  |  |  |  |  |  |  |
|    |             | List:  |  |  |  |  |  |  |  |
| 6. | LIN         | IITED FUND-RAISING EVENT WORKSHEET   |  |  |  |  |  |  |  |
|    | A.          | What are your estimated total gross receipts from participants (include initial cost of a ticket and re-   |  |  |  |  |  |  |  |
|    | R           | buys of scrip)? \$ Subtract the costs not directly associated with the gambling activity (i.e. food, beverages, music,   |  |  |  |  |  |  |  |
|    | ٥.          | advertising).  |  |  |  |  |  |  |  |
|    | C.          | Subtract the value of purchased merchandise prizes. REMINDER, <u>purchased</u> prizes may not be   |  |  |  |  |  |  |  |
|    | _           | more than 10% of Line 6.A  |  |  |  |  |  |  |  |
|    | D.<br>Е.    | Subtract the cost of FRE equipment rental and premises rental.   This final number reflects your anticipated adjusted net receipts. It should be a positive number or  |  |  |  |  |  |  |  |
|    |             | you are not operating the event with the intended purpose of raising funds for your organization's   |  |  |  |  |  |  |  |
|    |             | stated purpose. \$   |  |  |  |  |  |  |  |
| 7. | Per<br>lice | STRIBUTION OF NET RECEIPTS IN EXCESS OF \$10,000  WAC 230-25-030, you are required to distribute the excess to other charitable / nonprofit organizations that are eithen nsed by the commission or meets the criteria set forth in RCW 9.46.0209.  by this blank page for additional organizations, if needed.  |  |  |  |  |  |  |  |
|    | A.          | Organization Name:   |  |  |  |  |  |  |  |
|    |             | Is this organization currently licensed or has been previously licensed with the Gambling Commission?  |  |  |  |  |  |  |  |
|    |             | ☐ Yes ☐ No <b>If Yes</b> ; supply license number, if known:  |  |  |  |  |  |  |  |
|    |             | Mailing Address:   |  |  |  |  |  |  |  |
|    |             | City: State: Zip:  |  |  |  |  |  |  |  |
|    |             |  |  |  |  |  |  |  |  |
|    |             | ()()()   |  |  |  |  |  |  |  |
|    | B.          | Contact Person:  |  |  |  |  |  |  |  |
|    |             | Email Address (if applicable):   |  |  |  |  |  |  |  |
|    | C.          | When was the organization formed or incorporated?  / / / Month Day Year  |  |  |  |  |  |  |  |
|    | D.          | Mark ⊠ all the purposes for which the organization is formed and operated. Circle the primary purpose:   ☐ Agricultural ☐ Charitable ☐ Educational ☐ Patriotic ☐ Religious ☐ Others   ☐ Athletic ☐ Civic ☐ Fraternal ☐ Political ☐ Social  |  |  |  |  |  |  |  |
|    | E.          | How many regular membership meetings has the organization held during your last fiscal year?   |  |  |  |  |  |  |  |
|    |             | How many active members are in the organization as of the date of this application?  |  |  |  |  |  |  |  |
|    |             | Are all members allowed to vote in elections for officers and board members?  Yes No If No, how many voting members?   |  |  |  |  |  |  |  |
|    | F.          |  |  |  |  |  |  |  |  |

GC4-090 (Rev. 8/02) Page 4 of 5

\*\* STOP \*\*

Please review the entire application <u>again</u>. Complete all questions. Attach all required documents. This will facilitate the processing of your application and prevent delays due to <u>missing</u> or <u>incorrect</u> information. If you need our help, <u>please ask</u>.

#### YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the unlikely event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

#### OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of an initial application or revocation of any gambling license(s) currently held. I further understand that if I voluntarily withdraw or if the commission administratively closes my application, the remainder of my fee, minus the commission's processing and investigative costs, will be refunded. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

| Signature of the Elected Chief Executive Officer: |       |       |   |       |
|---|-------|-------|---|-------|
| Print Name:                                       |       |       |   |       |
| Title:  |       |       |   | Date: |
| Application Prepared By:                          |       |       |   |       |
|   | _     |       |   |       |
| Name  |       | Title |   | Date  |
| Address   |       |       | ( |       |
| City  | State | Zip   | ( |       |

GC4-090 (Rev. 8/02) Page 5 of 5